APPEAL NO. 161280
FILED AUGUST 17, 2016

This appeal arises pursuant to the Texas Workers' Compensation Act, TEX. LAB. CODE ANN. § 401.001 *et seq*. (1989 Act). A contested case hearing (CCH) was held on May 17, 2016, in Houston, Texas, with (hearing officer) presiding as hearing officer. The hearing officer resolved the disputed issue by deciding that the compensable injury of (date of injury), extends to radial nerve entrapment, re-current de Quervain's tenosynovitis, and neuroma of the right superficial sensory branch of the radial nerve.

The appellant (carrier) appealed the hearing officer's determination arguing that the decision of the hearing officer is contrary to the great weight and preponderance of the evidence and that the respondent (claimant) failed to meet his burden to prove to a reasonable degree of medical probability that the disputed conditions were caused or aggravated by the compensable injury of (date of injury). The claimant responded, urging affirmance.

DECISION

Reversed and rendered.

The claimant was injured on (date of injury), when he fell, striking his right hand on a table, and landing on his outstretched right arm. He eventually underwent surgical treatment, including a release of the de Quervain's tenosynovitis, a neuroplasty, sensory radial nerve, and right wrist arthrotomy for synovectomy. The claimant argues that his condition failed to improve despite treatment. The parties stipulated that the claimant sustained a compensable injury in the form of at least a right wrist contusion and right wrist de Quervain's tenosynovitis.

The Appeals Panel has previously held that proof of causation must be established to a reasonable medical probability by expert evidence where the subject is so complex that a fact finder lacks the ability from common knowledge to find a causal connection. Appeals Panel Decision 022301, decided October 23, 2002. *See also Guevara v. Ferrer*, 247 S.W.3d 662 (Tex. 2007). To be probative, expert testimony must be based on reasonable medical probability. *City of Laredo v. Garza*, 293 S.W.3d 625 (Tex. App.-San Antonio 2009, no pet.) citing *Insurance Company of North America v. Meyers*, 411 S.W.2d 710, 713 (Tex. 1966).

In the case on appeal, radial nerve entrapment, re-current right wrist de Quervain's tenosynovitis and neuroma of the right superficial sensory branch of the radial nerve are conditions outside the common knowledge and experience of the fact finder, and consequently, require expert medical evidence to establish causation. The causation narrative report relied upon by the hearing officer dated July 17, 2015, from z (Dr. D) indicates that the doctor "suspects" a neuroma of the right superficial sensory branch of the radial nerve and states further that when patients complain of radial wrist pain after a de Quervain's release, "one should suspect inadequate release of the 1st dorsal compartment secondary to persistent septum." Dr. D's narrative does not relate these suspected conditions or radial nerve entrapment, to a reasonable degree of medical probability, to the mechanism of the compensable injury of (date of injury).

None of the records in evidence from the numerous other doctors who have examined or treated the claimant or who have examined the claimant's medical records contain an adequate expert causation explanation of how the compensable injury caused the disputed conditions and in fact, the claimant's current treating doctor, (Dr. W), wrote in her causation letter dated February 17, 2016, that "[t]here is an overwhelming body of documents and reports by board certified hand surgeons that do not support a causation of [the claimant's] current status to be directly caused by the reported injury of 9/18/07."

Because the record does not contain an adequate expert causation explanation of how the compensable injury caused the disputed conditions, the hearing officer's determination that the compensable injury of (date of injury), extends to radial nerve entrapment, re-current de Quervain's tenosynovitis, and neuroma of the right superficial sensory branch of the radial nerve is so against the great weight and preponderance of the evidence as to be clearly wrong and manifestly unjust.

We note further that the disputed issue was revised at the CCH by agreement of the parties to read:

> *Does the compensable (date of injury), injury extend to and include radial nerve entrapment, re-current* ***right wrist*** [emphasis added] *de Quervain's tenosynovitis, and neuroma of the right superficial sensory branch of the radial nerve?*

The hearing officer's Conclusion of Law No. 3 and Decision; however, do not fully resolve the issue as revised by the parties. Accordingly, we reverse the hearing officer's determination that the compensable injury of (date of injury), extends to radial nerve entrapment, re-current de Quervain's tenosynovitis, and neuroma of the right superficial sensory branch of the radial nerve and we render a new decision that the compensable injury of (date of injury), does not extend to radial nerve entrapment, re-current right wrist de Quervain's tenosynovitis, and neuroma of the right superficial sensory branch of the radial nerve.

The true corporate name of the insurance carrier is **AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA** and the name and address of its registered agent for service of process is

CT CORPORATION SYSTEM
350 NORTH ST. PAUL STREET
DALLAS, TEXAS 75201.

K. Eugene Kraft
Appeals Judge

CONCUR:

Carisa Space-Beam
Appeals Judge

Margaret L. Turner
Appeals Judge